

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(3)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		1		
7		1		1		
8		1		1		
9		1		1		
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TOTAL IND.	1	1	1	1		
TOTAL DEP.	12	10	10	10		
TOTAL CLAIMS	13	11	11	10		

CLAIMS

51	IND	DEP	IND	DEP	IND	DEP
52						
53						
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS